

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000010793

Entity Name: SPINE AND NEUROSURGICAL CENTER LLC

Current Principal Place of Business:

151 N NOB HILL RD
SUITE 311
PLANTATION, FL 33324

Current Mailing Address:

151 N NOB HILL RD
SUITE 311
PLANTATION, FL 33324 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOCH, BRIAN
515 EAST LAS OLAS BOULEVARD
SUITE 1200
FORT LAUDERDALE, FL 33301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN KOCH

06/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SAHAI, ASHISH
Address 9325 GLADES RD #205
City-State-Zip: BOCA RATON FL 33434

Title COO
Name REED, TIFFANY
Address 151 WEST NOB HILL RD
SUITE 311
City-State-Zip: PLANTATION FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASHISH SAHAI

P

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date